PTSD 12-STEP RECOVERY FELLOWSHIP

Established for Veterans and First Responders

ARLINGTON NATIONAL CEMETARY

Our PTSD Program is dedicated to honor six of my Flight Crew members, killed when our plane crashed, three Navy Firefighters, who lost their lives when we hit their Standby Truck. a long time pilot buddy killed in Nam, and a family Police Officer, killed in the line of duty. All gave the last full measure for their country.

Flight Crew 35 AEWBARRONPAC

LTJG Eward Mills
ACW2 James Kohen
ACW3 Jan Waddingham
AT3 David Turner
AT3 William Long
AT3 Robert Baxter

Midway Island Fire Station

AMH3 Ronald Bakeman
ABU3 Gordon Blackley
Airman Robert Razey

USS *Enterprise* VF 96 "Fighting Falcons"

Ensign Harry Belknap (RIO)

El Mirage Police Department, Arizona

Police Officer Paul Lazinsky

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INTRODUCTION

Anyone can develop PTSD at any age. This includes combat veterans and people who have experienced or witnessed a physical or sexual assault, abuse, an accident, a disaster, or other serious events. People who have PTSD may feel stressed or frightened, even when they are not in danger. Not everyone with PTSD has been through a dangerous event. Sometimes, learning that a friend or family member experienced trauma can cause PTSD. However, the population most susceptible to experiencing PTSD is the Military and First Responders. This program was established to provide those individuals with our extended care program.

Prevalence & Statistics

- **Veterans:** PTSD rates vary depending on the conflict and the era of service. Studies estimate that between 11-20% of veterans who served in Operations Iraqi Freedom and Enduring Freedom (OIF/OEF) experience PTSD in a given year. For Gulf War veterans, the rate is around 12%, and for Vietnam veterans, it's about 15% at some point in their lives. It's important to remember these are estimates and individual experiences vary.

- **First Responders:** First responders, including paramedics, firefighters, and police officers, also face high rates of PTSD. Studies suggest that around 20% of first responders experience PTSD, a rate comparable to that of combat veterans. The repeated exposure to traumatic events contributes to this elevated risk.

Key Factors Contributing to PTSD in These Groups:

- **Exposure to Trauma:** Both veterans and first responders are regularly exposed to potentially traumatic events, including combat situations, violence, accidents, natural disasters, and human suffering.

- **High-Stress Environments:** The chronic stress associated with these professions, including long hours, sleep deprivation, and the need to make quick, life-or-death decisions, can exacerbate the risk of developing PTSD.

- **Moral Injury:** Veterans and first responders may experience moral injury, which results from witnessing or participating in acts that violate their moral code. This can lead to feelings of guilt, shame, and anger, which can contribute to PTSD.

- **Lack of Support:** Stigma surrounding mental health issues can prevent veterans and first responders from seeking help. A lack of adequate support from peers, supervisors, and family members can also hinder recovery

The Hidden Toll

An analysis of the escalating mental health crisis among U.S. military personnel and first responders, revealing the profound burden of Post-Traumatic Stress Disorder.

Active-Duty Military PTSD

Increase in annual diagnoses (2019-2023) +84%The rate of new PTSD diagnosis among active-duty service members nearly doubled in just five years, highlighting a significant and growing challenge to force wellness and operational readiness.

A High-Risk Environment

First responders are significantly more likely to develop behavioral health conditions compared to the general population due to routine exposure to trauma.

First Responder (30%)
General Population (20%)

Spotlight on the Military

From active service to veteran life, military personnel face unique and significant risks for PTSD, with rates varying dramatically by gender and service era.

Rising Incidence in Active-Duty Personnel

Data from 2019-2023 shows a concerning upward trend in the incidence rate of all mental health diagnoses, with PTSD and anxiety seeing the sharpest increases. This rise, coinciding with the COVID-19 pandemic, suggests stressors extend beyond combat alone.

On the Front Lines at Home

First responders face a relentless barrage of trauma. The constant exposure, coupled with insufficient recovery time, results in alarmingly high rates of PTSD across all branches.

PTSD Prevalence Across First Responders

While specific estimates vary by study, police, firefighters, and EMTs all show PTSD rates far exceeding the general population. The data reflects the immense psychological toll of their daily duties.

Reoccurring PTSD After Initial Treatment

A significant proportion of military personnel experience a return of nightmares after initial PTSD treatment, with studies indicating that **nearly three-quarters (approx. 70-75%)** of service members report persistent or recurring nightmares even after broader PTSD treatment has concluded.

However, the rate of return or persistence depends heavily on the individual's overall PTSD status post-treatment:

- Among service members who no longer met the full criteria for a PTSD diagnosis after treatment, a much lower percentage, **only about 13%**, continued to report nightmares.
- For those who still had residual PTSD post-treatment, **over half (around 52%)** continued to experience nightmares.

Nightmares are one of the most common and persistent symptoms of PTSD in military populations, often proving resistant to general PTSD treatments. This highlights the need for specific, targeted interventions for nightmares, such as Imagery Rehearsal Therapy (IRT) or Exposure, Relaxation, and Rescripting Therapy (ERRT), which have shown effectiveness in reducing nightmare frequency and severity, though follow-up studies have noted that frequency can sometimes increase again over time if not specifically targeted with ongoing care.

While initial PTSD treatments significantly reduce nightmares in military personnel, many still experience them; studies show that for those who no longer meet PTSD criteria post-treatment, about 13% still have nightmares, but for those still symptomatic, around 52% continue to have them, highlighting nightmares' persistent nature, though they are often more responsive to treatment than insomnia.

Key Findings on Nightmare Persistence:

- **Significant Reduction:** For service members who no longer meet PTSD criteria after treatments like Cognitive Processing Therapy (CPT), the percentage of those still having nightmares drops dramatically from ~69% at baseline to about 13%.
- **Persistence in Treatment-Resistant Cases:** Among those who *still* have PTSD symptoms after treatment, nearly half (around 52%) continue to experience nightmares.

- **More Responsive Than Insomnia:** Nightmares tend to improve more with PTSD treatment than insomnia, which remains a very common and persistent issue even after PTSD symptoms remit, according to research.

Why Nightmares Persist:

- **Trauma-Related Nightmares (TRNs):** These specific nightmares are a core symptom of PTSD, linked to combat and deployment, and can be resistant to general PTSD therapies.
- **Interfering with Healing:** Persistent nightmares disrupt sleep, which is crucial for healing, and can worsen other PTSD symptoms.

What are 12-Step Programs?

All the different 12-Steps are adaptations of the 12-Steps of Alcoholics Anonymous, which is the original 12-step program.

The 12 Steps are a straightforward approach to "a new way of life," as suggested by Bill Wilson in the Big Book of Alcoholics Anonymous. He added later on in the book, *"A new life has been given us or, if you prefer, a design for living that works."* That statement suggests an opportunity for all who want to bring peace and comfort into their lives. It is not a structured or religious belief approach; it only requires the individual to accept that they cannot live a life seemingly without meaning or purpose. To find an answer to that problem is the actual purpose of the 12-Steps. A solution that indeed covers all human living experiences.

A spiritual awakening is a person's journey through their willingness to transform their life by following a proven spiritual growth program, an ongoing venture. A spiritual experience is what God does for a person who is completely helpless to do it for themselves.

Our 12-step program offers a social support system that facilitates the sharing and development of interactive and self-regulatory experiences. This, in turn, helps those suffering find a sense of purpose and a new way of life. Eleven of these 12-Steps are spiritual and behavioral approaches that help people reconnect internally and externally. Regular 12-step Meetings are established based on a particular problem. When used with other treatments like therapy and medication when prescribed, 12-step programs can be a valuable part of addressing a variety of physical and emotional issues. For example, programs like Alcoholics Anonymous, Narcotics Anonymous, Emotions Anonymous, ACA (Adult Children of Alcoholics and Dysfunctional Families), and Overeaters Anonymous are specific beneficial 12-step programs for them. While they differ in identifying their primary problems, all the group participants are led to their Higher Power. For example, the only requirement for membership In Step 1 of Narcotics Anonymous is the desire for a healthy/meaningful/rewarding life without drugs, and the only requirement for membership in Co-dependents Anonymous is a desire for healthy and loving relationships.

People with PTSD often face associated problems like drugs and alcoholism. Many of them participate in 12-step programs and have established a measurable degree of success in overcoming those additional debilitating problems. While the fellowship and spiritual aspects of these programs are very beneficial, they often only have a marginal effect on their PTSD. It was in this context that the 12-STEP PTSD RECOVERY FELLOWSHIP was founded.

In this non-profit PTSD 12-Step Recovery Program, participants learn to manage their own lives in a spiritual (not religious) environment. The program provides support from peers who offer personal opportunities for life improvement from practicing the 12 steps. While some individuals may continue with their current recovery protocols, including traditional therapy, the strengths of group involvement, such as the members' shared experiences and commitment and the group's overall focus, can help those in recovery feel supported. Substantial evidence from 12-step program self-help groups has amply demonstrated that group members felt more empowered and optimistic due to self-disclosure and sharing feelings.

ASSOCIATED INFORMATION

Six theories
on why self-help groups work.

Self-help groups promote growth and healing by integrating experiential knowledge and people skills. These groups help members understand themselves, overcome isolation, build resilience, and connect with others who have similar experiences. By focusing on shared experiences and mutual understanding, they empower individuals to take charge of their recovery journey, emphasizing collective wisdom and cooperation.

Aspect	Description
Emotional and physical support	A vibrant community provides strength and companionship, helping to prevent psychological and physical diseases.
Experiential knowledge	Members receive specialized knowledge and perspectives that others have gathered through experiences with severe mental illness. Verification of their problem-solving methods enhances their self-assurance.
Social learning theory	Experienced members act as dependable role models.

Theory	Description
Social Comparison Theory	People with similar mental illnesses tend to gravitate toward each other for a sense of normalcy. Comparing oneself to others can motivate change, either through upward or downward comparison.
Interpersonal Competence	Helping others boosts self-esteem and interpersonal skills. It promotes personal growth through insights and learning from interactions, gaining social approval.
Continuity of Care	Theoretical frameworks elucidate the mechanisms of self-help groups, highlighting their significant transformative effects on individuals dealing with mental health issues.

Relationship with Mental Health Professionals

Self-help groups play a pivotal role in fostering both personal and communal transformation. Rooted in empathy and shared experiences, these groups provide a unique platform for individuals to exchange insights, navigate challenges, and cultivate resilience. By engaging in these communities, members often experience a renewed sense of identity and belonging, which complements traditional mental health services. Moreover, these groups emphasize the value of lived experience as a cornerstone of healing, acknowledging that those who have walked similar paths are uniquely equipped to offer guidance and understanding.

A 1978 survey of U.S. mental health professionals revealed a supportive attitude towards self-help groups in the mental health care system. Self-help groups offer hope, aid coping strategies, and enhance members' quality of life, even in the medical community.

The 1987 Surgeon General Workshop emphasized equal partnerships with self-help groups. At the workshop, Surgeon General C. Everett Koop called for relationships based on respect and equality rather than a hierarchical dynamic. Research on self-help groups shows minimal evidence of hostility towards mental health professionals. In the United States, the guiding principle of self-help groups is that "Doctors know more about treating sickness. We know more about treating sick individuals as human beings.

Referrals

Self-help groups have gained recognition not only for their grassroots approach but also for their ability to empower individuals through shared accountability and collective wisdom. These groups often run on principles of equality, eschewing hierarchical structures in favor of collaboration and mutual respect. They offer an inclusive space where participants can voice their struggles and triumphs, fostering an environment of trust and validation. By centering their efforts on peer-led guidance, self-help groups uniquely complement professional mental health services, bridging gaps in care and delivering accessible support to those in need.

Thus, professional referrals to self-help groups can be a cost- effective method of continuing mental health services, and the two can coexist within their fields. While twelve-step groups, such as Alcoholics Anonymous, make an indispensable contribution to the cognitive and substance use (M/SU) professional services system, a vast number of non-twelve-step groups remain underutilized within that system.

The blend of professional mental health care and self-help groups promotes collaborative healing. By combining structured therapy with grassroots support, individuals access a comprehensive care continuum. This approach enhances traditional services and empowers participants through shared experiences and mutual accountability, making recovery a collective success. One survey found that 54% of members learned about their self-help group through the media, 40% knew about their group from friends or relatives, and relatively few learned about it from professional referrals.

Mutual support and self-help

Mutual or peer support is a process in which people voluntarily come together to help one another address common problems. Social, emotional, or instrumental support is mutually offered or provided by individuals with similar mental health conditions, where there is some mutual agreement on what is helpful.

Mutual support may include many other mental health consumer non-profits and social groups. These groups are classified as either Individual Therapy (focused on personal growth) or Social Reform (focused on societal change). The former involves individuals aiming for personal improvement, while the latter includes advocacy groups such as the National Alliance on Mental Illness and the Psychiatric Rehabilitation Association.

Self-help groups are subsets of mutual support and peer support groups. They have a specific purpose of mutual aid in satisfying a common need, overcoming a shared handicap, or overcoming a life-disrupting problem. Self-help groups are less bureaucratic and work on a more grassroots level. Self-help organizations are national affiliates of local self-help groups or mental health consumer groups that support research, manage public relations, or advocate for legislation to assist affected individuals.

Summary

When attending PTSD Recovery Meetings, attendees hear how the program is working for those who have been in recovery for an extended time. This is reassuring and leads to an understanding that these same principles can be applied to their recovery from PTSD, regardless of its causation. Meetings also provide a supportive environment for one another. Initially, some people may struggle to connect with others, but this often improves over time. Socialization influences attendance at 12-step meetings. Sharing thoughts with other non-judgmental people provides a sense of safety in exploring feelings and re-establishing intimacy.

Through self-reflection, members begin to gain insight into their core problems. Introspection often encourages the release of blocked emotions through insight. Also, discovering our strengths and weaknesses as we come about in meetings allows people to learn to accept themselves. The result of incorporating the 12 steps into day-to-day living tends to encourage an individual's desire to pay it forward to others. This adds to building self-esteem and a feeling of purpose.

The 12 Steps

1. **We admitted we were powerless** over our traumas, our substances, and our emotional pain-that our lives had become unmanageable. *(Acknowledge the impact of service-related experiences and loss of control.)*

2. **Came to believe that a Power greater than ourselves** could restore us to sanity and a life of purpose. *(Openness to spiritual or ethical guidance that resonates personally, without requiring specific religious affiliation.)*

3. **Made a decision to turn our will and our lives over to the care of God** *as we understood Him/Her/Them* (or a higher purpose, ethical framework, or the well-being of our unit/community). *(Focus on surrendering to a process of healing and committing to positive change.)*

4. **Made a searching and fearless moral inventory of ourselves.** *(Examine personal conduct, motivations, and impacts on self and others, specifically addressing actions taken in service and their aftermath.)*

5. **Admitted to God, to ourselves, and to another human being** the exact nature of our wrongs. *(Share the inventory with a trusted confidant, such as a therapist, sponsor, chaplain, or fellow veteran/first responder in recovery.)*

6. **Were entirely ready to have God remove all these defects of character.** *(Commit to personal growth and release harmful patterns of behavior.)*

7. **Humbly asked Him to remove our shortcomings.** *(Actively work to change negative behaviors and thought patterns through therapy, self-reflection, and support groups.)*

8. **Made a list of all persons we had harmed, and became willing to make amends to them all.** *(dentify those affected by our actions, directly or indirectly.)*

9. **Made direct amends to such people wherever possible,** except when to do so would injure them or others. *(Take responsible action to repair damaged relationships, focusing on honesty, empathy, and respect.)*

10. **Continued to take personal inventory and when we were wrong promptly admitted it.** *(Practice ongoing self-reflection and accountability, addressing issues as they arise.)*

11. **Sought through prayer and meditation to improve our conscious contact with God** *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out. *(Develop a personal practice of mindfulness, reflection, or connection to something greater than oneself)*

12. **Having had a spiritual awakening as the result of these steps, we tried to carry this message to other veterans and first responders, and to practice these principles in all our affairs.** *(Share the experience of recovery with others in the community, offering support, hope, and mentorship.)*

The Founder

Orville Keith Thomas
Las Vegas, Nevada
June 20, 2024

I was born in 1940, the youngest of six children to Willy and Bernice Thomas. I grew up on a farm in a typical rural family: poor, hard-working, disciplined, but most importantly, in a loving and supportive environment. Attending school was a top priority for me, as was participating in sports. My father was a daily drinker, but he never missed a day's work. He was also highly respected in the community, and I thoroughly enjoyed every minute I spent with him. I did well enough in high school in the first three years to meet the state requirements for a diploma, so I skipped my senior year and joined the Navy at 17. I started drinking in high school at 15 and quickly joined the drinking fraternity with my Navy buddies after Boot Camp.

Since my father drank most of his life, the DNA odds were sufficient enough to be a possible cause for my alcoholism. My older brother exhibited the same symptoms throughout his life as my father. But drinking more than socially acceptable amounts never occurred in my four sisters. If it could be speculated, that had my alcoholism progressed in the same manner as it did with my father and brother, I may have continued my life as a functional alcoholic. Unfortunately, a significant existential difference separated me from them. As a result of a Navy plane crash, PTSD joined with my inherited alcoholism … and created a Dr. Jekyll and Mr. Hyde.

I was trained as an aviation crewman in the Navy and assigned to a reconnaissance squadron based at Naval Air Station Barber's Point, Hawaii. By necessity, we flew our secret reconnaissance missions out of Midway Island and operated in the North Pacific off the coast of Russia. We had a crew of 22. At only 20 years old, I was the senior enlisted Petty Officer supervising a ten-member technical team. Our Team's job consisted of operating top-secret devices capable of detecting and intercepting all voice and Morse Code communications, radar tracking technology, and fire control frequencies, operated by our adversaries, primarily North Korea, North Vietnam, China, and Russia. Unfortunately, they considered us spies. Even though, at the time, it was called the "Cold War," our specific presence in *their waters* was sufficient for them to shoot us down when possible. Due to the nature of our missions, both the Navy and Air Force accepted any plane losses as dispensable and warranted no disclosure if any were shot down. So, when a plane was lost, it was reported as lost at sea.

On January 22, 1961, we had a mechanical problem on a mission and had to return to Midway. We were relieved to make it home. It was 1:30 am. Our plane had to make a low approach over the water to accommodate our need to use the entire runway. However, we were too low; our left main landing gear struck the seawall, severing the main landing gear of the 70-ton aircraft. The wing then struck the runway, and the wingtip fuel tank exploded. The plane continued careening down the runway on fire before hitting a standby firetruck, killing the three men operating it. The crash broke the aircraft into three separate sections. The forward section continued skidding forward; the center section rolled over twice before ending upside down on the opposite side of the runway, and the back section slid on its side until it stopped. Eight of the forward crew manage to escape from the burning plane with one fatality.

All seven crew members in the back section evacuated safely. In the center section, where I was stationed, there were six of us arranged in an irregular circle. We were within arm's reach of one another. I was the only survivor. The other five burned to death.

AIRBORNE EARLY WARNING BARRIER SQUADRON PACIFIC
U.S. Naval Station Midway Island January 22, 1961
16 Checkpool - Flight Crew 35

We had two flights remaining on our deployment assignment, but we had to stand down from flying the additional missions until the Accident Investigation Board concluded its work. Since we weren't scheduled for flights, we didn't have to adhere to the usual drinking restrictions. So, of course, we spent all our free time drinking and playing pinochle. The Board took ten days to conclude the investigation, and then we were allowed to return to Barbers Point, Hawaii. Within a few days after returning home to Hawaii, my nightmares started. They were occurring often enough that I struggled to fall asleep. My wife, only 20 herself and pregnant with our first child, panicked over my waking, shouting out and sweating profusely on those nights. She begged me to see a doctor. I told her my reactions to the crash were normal for military personel and would pass. I reminded her my reenlistment was coming up in a couple of months, and if I saw a Navy doctor about what was happening, they might not let me stay in the navy.

I reenlisted for a six-year term, spending the first year in an advanced aviation electronics school at Naval Air Training Command in Millington, Tennessee. The nightmares were still happening. Signs of alcoholism began to surface at about age 22. One night, while going home from the Enlisted Club, I crashed into a power pole. Even though it happened off-base, a passerby sailor had taken me to the Navy operating room. A blood test showed I had a .08, which established intoxication. I was given a non-judicial military hearing and had my grade reduced. My only black mark on a previously exemplary record.

It occurred to me one evening that I didn't have nightmares while we were still on Midway Island. The only reason I could come up with is that we drank every night before going to bed. So, I started drinking at the base club after work and bringing a six-pack of beer home every evening, which seemed to work. Little did I know I would continue depending on alcohol and other mood-alternating substances to deal with my nightly demons for the next 18 years, regardless of the consequences ... and those consequences left scars for not only me but many friends and family members.

After training in Millington, I received orders to Quonset Point Naval Air Station, North Kingston, Rhode Island. I became the supervisor of an evening shift of aviation electronics technicians. They also enjoyed drinking, and we would quickly finish scheduled repairs a couple of hours earlier than our allotted time, then head for the Base Club. It closed at midnight; we usually proceeded to the local late-night bars, staggering home when they closed at 4:30 a.m. I was still married and had two kids. The house was a war zone, and when my drinking reached unsustainable living conditions, I tried to commit suicide. My wife called the Shore Patrol, and I was strapped onto a gurney and taken to the Newport Naval Hospital, where I was placed in the mental health ward for eight weeks.

I had never talked to my wife or anyone about feeling responsible for the deaths of my crew in the center section. Nor would I start by telling the shrinks. I just knew hey would want to know how all five of my crew burned to death within a few feet of me, yet I survived. I was the CIC Senior Petty Officer, I was responsible for their welfare, yet I survived without a scratch. I would be labeled as a coward and discharged from the Navy. They wouldn't understand what it was like that night. They wouldn't believe that I couldn't stop remembering the screams though the smoke and fire, or being trapped upside down, releasing my seatbelt and falling on the plane's overhead. Or crawling along parachutes that were stored on the overhead during flight, unable to see from the smoke and barely able to breath. I was completely disoriented and could not see or hear anyone. I just kept crawling along the direction I was trained to do in an emergency, not realizing I was going in the wrong direction because we were upside down. While I was trying not to inhale the acrid smoke, my eyes burning, the darkness hiding any exit, I suddenly heard a calm voice say, "This way, Keith." Then, in a flash of fire, I saw a rip in the fuselage and dived through it, hit the ground, and commenced running away from the burning, exploding plane . . . No, they would never hear a word of my ordeal, they wouldn't understand. I was taking it to my grave.

I was in the mental ward for eight weeks. At six weeks, I was released to spend Thanksgiving Day with my family. On that particular day, the TV announced that President Kennedy had been assassinated just as we were leaving the hospital. The Newport Naval Hospital is on an island, and I had to take a ferry to meet my family. I didn't make it to the ferry. I was so upset about the President's assassination that I stopped in a bar to have a few drinks while I waited on the ferry. The next thing I remember was waking up on a couch, and Kennedy's funeral procession was on TV. I had left the bar and somehow wound up in Boston, 120 miles away. I had woke up in an apartment belonging to a Mohawk Indian and his wife. He was a steelworker and apparently we met in a bar. We were both were thrown out of the bar when someone took a dislike of my uniform and he stepped in. He bought me a bus ticket back to Providence so I could return to the hospital. Luckily, with his benevolence, I was able to return to the hospital by Monday morning on time, staying out of possible trouble. My unreasonable action made me miss the entire Thanksgiving weekend away from my wife and kids, leaving me even more guilty than I was before the hospitalization.

Three weeks later, I was released as fit for duty. Because my tour of duty at Quonset Pt. was nearly completed, I was reassigned to the Naval Training Station, Millington, Tennessee, again, for more advanced electronics training. A few months into classes, I attempted suicide again and was hospitalized. Three days later, I went AWOL and hid out at an old Navy buddy's home in Texas. Discovering what was going on with me, he called one of my sisters who convinced me to turn myself in. She lived in Litchfield Park, Arizona. which was near the Litchfield Naval Station. I agreed and she arrange for me to fly to Phoenix, then drove me to the Naval base. One week later, I was transfered to the San Diego Naval Center Hospital. Five weeks later, I was transfered to the Oakland Naval Hospital. Six weeks later, I was Honorably Discharge for Aggravated Depression.

After my discharge I became a traveling drunk, moving my family from town to town each time I got fired. The continuing loss of my crew increased when another very close shipmate re-entered the Navy as a fighter pilot, and was killed in 1964 on his second mission in Vietnam. The nightmares continued to get more frequent. Worse, my drinking and emotional unavailability, was leaving me incable of supporting my family, We would not have made it without my wife working as a waitress. Finally, we went to live with my brother in Seattle, Washington. He and I became instant drinking partners. This time, my wife, who had been my high school sweetheart, and married when we turned 18, took the kids and moved back to live with her parents in Colorado. A few months later, she filed for divorce.

From then on, my life spiraled out of control, I spent a lot of time homeless, living on the street, and going to jail several times for drinking. On June 20, 1979, in a bar, at about 10:30 at night, I took what turned out to be my last alcoholic drink. The next day, my probation officer caught up with me. He presented me with the choice of entering a 28-day detox recovery program or being sent to a two-year prison term for violation. I opted for recovery.

The program was housed in a cabin-style motel built in 1924. Empty, it was awaiting demolition by the State to make way for a new freeway. At the time, five AA members were using a small house as a drying-out place for drunks. Discovering the lag between the motel's abandonment and eventual destruction, they saw an opportunity to increase their ability to meet the growing number of those seeking help from AA. They petitioned the City to let them use the property. In their proposal to operate the motel as a non-profit recovery program, the AA Members added the facility would also provide a recovery process for drunks living on the streets.

The city allowed them to use the property at no cost. It even waived the usual requirement for each "program provider" to be certified as a Drug and Alcohol Counselors and allowed them to have one Board Certified Counselor to meet State regulations. With no affiliation to Alcoholics Anonymous, the team opened the motel as The Maverick House and used the Big Book of AA as the curriculum for the required recovery classes. The team successfully operated the House for several years before its inevitable destruction. I understand that a new Maverick House was built and is still in operation.

At about 10 pm, on my third night at Maverick House, I was lying in my bunk, staring at the ceiling and trying to figure out what to do after completing the program. As lights-out happened, I whispered, "God, please help me." In seconds, I was no longer concerned about what to do when released and fell asleep. Although I had pronounced myself an Agnostic for many years, I intuitively became aware the next day that I had not experienced a conscious thought of taking a drink since that prayer, the compulsion to drink had been removed. I knew the causation of that event had to come from some source other than me.

I had purposely discounted considerable factual information about excessive drinking being a disease. Finally, reluctantly convinced, I accepted I had a physical inability to metabolize alcohol normally. By experience, I had proven to myself that this imbalance in my body's chemistry had brought about a mental obsession to drink, which over time developed into a consistent compulsion, and that I was incapable of modifying or reversing it. I had ignored all those messages and warnings because I wanted to drink more than I wanted to get sober. I finally wanted to be sober more than I wanted to drink. Unaware at that moment, I had taken my First Step in the process of returning to Alcoholics Anonymous.

From that point forward, I made AA my foundation for living a sober life. After two years of sobriety, my relationship with my family members and my former wife began to mend. My children followed suit, and as time passed, a loving relationship with my kids and later grandkids was phenomenal. It remains so to this day. The VA has been my health provider since 1970. For years, I had a restless sleep pattern, even without bad dreams.

In 2014, I was talking to my Primary physician and mentioned my sleeping difficulties. She suggested I see a Sleep Apnea specialist and make an appointment. I met him a few weeks later, and he ordered a sleep test. The following week, I did the sleep test, and it came back that I indeed had a severe case of Sleep Apnea. At my next appointment with the Doctor, he had several other vets in his office. They, too, had tested positive for Sleep Apnea, and he was giving us a presentation on the use of a CPAP machine.

During the presentation, he covered the four sleep cycles. He referred to level four as the dream state, and said it was the ideal level to achieve. I told him I would not be interested in the CPAP if the goal were to reach level four. He asked why, and I told him all my dreams were not pleasant. He suggested I get an appointment with mental health, before making a decision not to use CPAP, because I really needed it. I agreed to an appointment.

My first VA mental health appointment in Las Vegas was with a psychiatrist who spent more than an hour and a half interviewing me. Then over the course of a week, she administered several test. A few days later, I meet with another psychiatrist. He also administered a couple of different written and verbal tests. The following day, I met with him again, and he said I had PTSD. That it resulted from my plane crash in the Navy. I said that couldn't be possible because the crash was in 1961, but it was now 2014. He said that in addition to the tests they administered, which were very indicative of PTSD, they had also reviewed my service and medical records. They discovered the crash notation, which was mentioned, but not included in the Navy doctors mental diagnostic considerations. After reviewing several abnormal incidents that occurred with me, which only appeared after the crash, they included those findings with their tests, and it confirmed I was still experiencing Delayed PTSD from the plane crash, something that can occur over an unpredictable period of time after the incidence that caused it.

Following his diagnosis, I saw my appointed psychiatrist every week for six months. I discover many answers during those sessions, about my internal anger and guilt problems which had persisted over the years! The most important of those destructive attributes, was my guilt over not helping any of my buddies when we crashed. I secretly felt like a coward. My VA therapists stated that, essentially, those thoughts were the primary reasons for my suicide attempts and sleepless nights. Accepting the new information acquired from the VA therapy sessions, coupled with my ongoing my AA 12-step program, some welcomed closure came into my debilitating secret life I had lived with for many years. My willingness to accept the new insights suggested by my psychiatrist, was reinforced when an old crew buddy, Monte Clark, send me a copy of the accident investigators conclusions . . . all the crewmen who perished, were killed during the collision before it came to rest. There was nothing I could have done to save any of them.

However, the most spiritual relief came when that same buddy offered a comment that astounded me. After listening to me talk about hearing a voice that night, saying, "This Way Keith." He looked at me and said, "Shipmate, no member of our crew would have called you by your first name, they would have said, 'This way Thomas'." I was startled by the truth of his comment . . . Only God would have called me Keith.

At age 85 and 46 years sober, it is nearly unbelievable to have a measure of freedom from the mental and emotional effects of PTSD. I honestly believe a needed service can be accomplished by establishing and promoting a 12-Step Program that focuses specifically on PTSD. I still find it challenging to share my PTSD experiences occasionally in an AA meeting. While AA certainly gave me the path to developing a sober, peaceful, loving, spiritual life, it was the work I put into addressing my lingering PTSD problem itself, that helped me reach closure with the past and find forgiveness for myself and others. I know there are people in AA who used alcohol to deal with their undiagnosed PTSD; hopefully, this particular 12-Step Program would help them recognize their PTSD and seek professional help, while utilizing the continuity of our program.. I know from personal experience this combination can work for many people living and suffering from PTSD.